

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055226

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** COOPERATIVEMED SOUTH TAMPA, LLC

**Current Principal Place of Business:**

601 S. HARBOR ISLAND BLVD.  
SUITE 103  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

2702 TAMPA ROAD  
PALM HARBOR, FL 34684

**New Mailing Address:**

3165 MCMULLEN BOOTH RD  
UNIT C-1  
CLEARWATER, FL 33761

**FEI Number:** 20-1967707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'NEAL, MICHAEL L DO  
2702 TAMPA RD  
PALM HARBOR, FL 34684 US

**Name and Address of New Registered Agent:**

O'NEAL, MICHAEL L DO  
3165 MCMULLEN BOOTH RD  
UNIT C-1  
CLEARWATER, FL 33761 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

04/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MEMBERSHIP MEDICAL M, ANAGEMENT CO. I NC  
**Address:** 2702 TAMPA ROAD  
**City-St-Zip:** PALM HARBOR, FL 34684

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** MEMBERSHIP MEDICAL M, ANAGEMENT CO. I NC  
**Address:** 3165 MCMULLEN BOOTH RD  
**City-St-Zip:** CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** MICHAEL O'NEAL, DO

MGR

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date